

## Appendix: Senate Bill 7 Requirements

Stage One: Programs to Improve Service Delivery Models				
Required Before Stage Two (Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care)				
Ref. #	Action	Status	Requirements	Government Code Citation
1.	Develop and Implement Pilot Programs to Test Managed Care Strategies (permissive)	<b>Cancelled</b>	HHSC may develop and implement pilot programs to test one or more service delivery models involving a managed care strategy based on capitation to deliver LTSS under Medicaid to individuals with IDD.	Sec. 534.102
2.	Deliver Acute Care Services for Individuals with IDD through Managed Care	<b>Implemented</b>	HHSC shall provide acute care Medicaid benefits to individuals with IDD through the STAR+PLUS Medicaid Managed Care program or the most appropriate integrated capitated managed care program delivery model and monitor the provision of those benefits.	Sec. 534.151
3.	Analyze Acute Care Outcomes	<b>Incomplete</b>	<p>HHSC shall analyze the outcomes of providing acute care Medicaid benefits to individuals with IDD under a managed care model. The analysis must:</p> <ul style="list-style-type: none"> <li>○ occur in consultation and collaboration with the IDD SRAC</li> <li>○ include an assessment of the effects on: <ul style="list-style-type: none"> <li>▪ access to and quality of acute care services; and</li> <li>▪ the number and types of fair hearings and appeals processes</li> </ul> </li> <li>○ be incorporated into the IDD SRAC’s annual report to the Legislature</li> <li>○ include recommendations for delivery model improvements and statutory changes.</li> </ul>	Sec. 534.151(b)
4.	Implement Attendant and Habilitation Services for Individuals with IDD [Community First Choice]	<b>Implemented</b>	HHSC shall implement the most cost-effective option for the delivery of basic attendant and habilitation services for individuals with IDD under the STAR+PLUS Medicaid managed care program that maximized federal funding.	Sec. 534.152

**Stage Two: Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care**

**Required Before Potential Transition of TxHmL to Managed Care**

<b>Ref. #</b>	<b>Action</b>	<b>Status</b>	<b>Requirements</b>	<b>Government Code Citation</b>
1.	Evaluate Cost-Effectiveness of TxHmL Transition	<b>Unknown</b>	HHSC shall evaluate cost-effectiveness of transitioning the provision of Medicaid benefits to individuals enrolled in TxHmL to STAR+PLUS Medicaid managed care or the most appropriate integrated capitated managed care delivery model, as determined by HHSC.	Sec. 534.201
2.	Evaluate Attendant and Habilitation Services for Individuals with IDD [Community First Choice]	<b>Unknown</b>	HHSC shall evaluate the experience of the STAR+PLUS Medicaid managed care program in providing basic attendant and habilitation services.	Sec. 534.201
3.	Determine Whether to Provide All or a Portion of TxHmL LTSS through Managed Care	<b>Unknown</b>	HHSC shall determine whether to: (a) continue operation of TxHmL for purposes of providing supplemental LTSS not available under managed care; or (b) provide all or a portion of LTSS previously available under TxHmL through a managed care model.	Sec. 534.201(c)
4.	Determine Whether the STAR+PLUS Medicaid Managed Care Program Delivery Model or a Different Integrated Capitated Managed Care Delivery Model is Most Appropriate (based on 1 and 2 above)	<b>Unknown</b>	HHSC shall determine whether the STAR+PLUS Medicaid managed care program delivery model or a different integrated capitated managed care delivery model is "most appropriate." The determination must be based on (1) cost-effectiveness and (2) the experience of the STAR+PLUS Medicaid managed care program in providing basic attendant and habilitation services [Community First Choice].	Sec. 534.201(b)

Stage Two: Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care				
Required Upon Potential Transition of TxHmL				
Ref. #	Action	Status	Requirements	Government Code Citation
5.	Develop Stakeholder Process re: Implementing TxHmL Transition	Unknown	HHSC shall develop a process to receive and evaluate input from interested statewide stakeholders in implementing the transition of TxHmL to managed care.	Sec. 534.201(d)
6.	Develop TxHmL Transition Plan	Unknown	HHSC shall ensure there is a comprehensive plan for transitioning the provision of TxHmL Medicaid benefits that protects the continuity of care for individuals.	Sec. 534.201(e)
7.	Develop MCO Contract Requirements	Started	HHSC shall ensure that a contract between HHSC and an MCO to provide TxHmL benefits contains requirements that: <ul style="list-style-type: none"> <li>• ensure choice</li> <li>• protect continuity of care</li> <li>• provide access to a member services phone line.</li> </ul>	Sec. 534.201(f)

Stage Two: Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care				
Required Prior to Transition of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program				
Ref. #	Action	Status	Requirements	Government Code Citation
8.	Evaluate Cost-effectiveness of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program Transition	Unknown	HHSC shall evaluate cost-effectiveness of transitioning CLASS, DBMD, HCS Waiver Programs and ICF-IID program into managed care.	Sec. 534.202(b)

**Stage Two: Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care**

**Required Prior to Transition of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program**

<b>Ref. #</b>	<b>Action</b>	<b>Status</b>	<b>Requirements</b>	<b>Government Code Citation</b>
9.	Analyze TxHmL Transition	<b>Unknown</b>	<p>HHSC shall analyze the outcomes of the transition of LTSS under TxHmL to a managed care model. The analysis must:</p> <ul style="list-style-type: none"> <li>• occur in consultation and collaboration with the IDD SRAC</li> <li>• include an assessment of the effect of the transition on: <ul style="list-style-type: none"> <li>○ access to LTSS</li> <li>○ meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person’s inclusion in the community</li> <li>○ integration of service coordination of acute care services and LTSS</li> <li>○ employment assistance and customized, integrated, competitive employment options, and</li> <li>○ number and types of fair hearings and appeals processes</li> </ul> </li> <li>• be incorporated into the annual IDD SRAC report to the Legislature</li> <li>• include recommendations for delivery model improvements and statutory changes.</li> </ul>	Sec. 534.201(g)
10.	Evaluate MCO Provider Network Experience and Expertise: Children’s Services	<b>Unknown</b>	Each MCO must demonstrate to the satisfaction of HHSC that the MCO’s network of providers has experience and expertise in the provision of services to children with IDD.	Sec. 534.202(f)
11.	Evaluate MCO Provider Network Experience and Expertise: Adult Services	<b>Unknown</b>	An MCO must demonstrate to the satisfaction of HHSC that the MCO’s network of providers has experience and expertise in the provision of services to adults with IDD.	Sec. 534.202(f)
12.	Determine Whether to Transition Services	<b>Unknown</b>	HHSC shall determine if all or a portion of LTSS under CLASS, DBMD, and HCS Waiver Programs and the ICF-IDD program should be provided through a managed care model.	Sec. 534.202(g)

Stage Two: Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care				
Required Prior to Transition of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program				
Ref. #	Action	Status	Requirements	Government Code Citation
13.	Determine Whether to Provide All or a Portion of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program LTSS Services in Managed Care	Unknown	HHSC shall determine whether to: <ul style="list-style-type: none"> <li>(1) continue operation of these Medicaid waivers and the ICF-IID program only for purposes of providing, if applicable, <ul style="list-style-type: none"> <li>(a) supplemental LTSS not available under the managed care model selected by HHSC; or</li> <li>(b) LTSS to recipients who choose to continue receiving benefits under the waiver programs (i.e. voluntary opt-out); or</li> </ul> </li> <li>(2) provide all or portion of the LTSS previously available under these waivers and the ICF-IID program through managed care model selected by HHSC (subject to the limitation on recipients of the voluntary opt-out).</li> </ul>	Sec. 534.202(c)
14.	Determine Whether the STAR+PLUS Medicaid Managed Care Program Delivery Model or a Different Integrated Capitated Managed Care Delivery Model is Most Appropriate	Unknown	HHSC shall determine whether the STAR+PLUS Medicaid managed care program delivery model or a different integrated capitated managed care delivery model is "most appropriate." The determination must be based on (1) cost-effectiveness and (2) the experience of the transition of TxHmL waiver program recipients to a managed care program delivery model.	Sec. 534.202(b)

Stage Two: : Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care				
Required Upon Transition of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program				
Ref. #	Action	Status	Requirements	Government Code Citation
15.	Develop Stakeholder Process	Unknown	HHSC shall develop a process to receive and evaluate input from interested statewide stakeholders in addition to the input from the IDD SRAC in implementing the transition.	Sec. 534.202(d)
16.	Develop Transition Plan	Unknown	HHSC shall ensure there is a comprehensive plan for transitioning the provision of CLASS, DBMD, and HCS Waiver Program and ICF program Medicaid benefits that protects continuity of care for individuals.	Sec. 534.202(e)

**Stage Two: : Transition of Long-term Care Medicaid Waiver Program Recipients to Integrated Managed Care**

**Required Upon Transition of CLASS, DBMD, and HCS Waiver Programs and ICF-IID Program**

<b>Ref. #</b>	<b>Action</b>	<b>Status</b>	<b>Requirements</b>	<b>Government Code Citation</b>
17.	Establish Process for Voluntary Enrollment	<b>Unknown</b>	<p>If HHSC determines all or a portion of CLASS, DBMD, and HCS Waiver Program and ICF-IID program LTSS services should be provided through a managed care model, HHSC shall, at the time of transition, allow each recipient the option of:</p> <ul style="list-style-type: none"> <li>• continuing to receive services and supports under the Medicaid waiver program; or</li> <li>• receiving services and supports through the managed care model.</li> </ul>	Sec. 534.202(g)
18.	Develop MCO Contract Requirements	<b>Started</b>	<p>HHSC shall ensure that a contract between HHSC and an MCO to provide CLASS, DBMD, and HCS Waiver Program and ICF-IID program benefits contains requirements that:</p> <ul style="list-style-type: none"> <li>• ensure choice</li> <li>• protect continuity of care</li> <li>• provide access to a member services phone line.</li> </ul>	Sec. 534.202(i)

On-going Requirements			
Action	Status	Requirements	Government Code Citation
Prepare and Submit Annual Report on Implementation	N/A	<p>HHSC must prepare and submit a report to the Legislature annually that:</p> <ul style="list-style-type: none"> <li>• Is prepared in consultation and collaboration with the IDD SRAC</li> <li>• Includes: <ul style="list-style-type: none"> <li>a. An assessment of the implementation</li> <li>b. Recommendations regarding implementation and recommended statutory changes</li> <li>c. An assessment of the effect of the system on the following: <ul style="list-style-type: none"> <li>i. Access to LTSS</li> <li>ii. Quality of acute care services and LTSS</li> <li>iii. Meaningful outcomes using person-centered planning, individualized budgeting, and self-determination, including a person's inclusion in the community</li> <li>iv. The integration of service coordination of acute care services and LTSS</li> <li>v. The efficiency and use of funding</li> <li>vi. The placement of individuals in housing that is the least restrictive setting appropriate to an individual's needs</li> <li>vii. Employment assistance and customized, integrated, competitive employment options</li> <li>viii. The number and types of fair hearing and appeals processes</li> </ul> </li> </ul> </li> </ul> <p>Note: the 2017 annual report does not include i-vii above. It does include the number and types of fair hearing and appeals processes, but does not assess the effect of the system on the same.</p>	Sec. 534.054